.i	PLACE OF BIRTH
1	1. County of Isila ARIZONA STATE BOARD OF HEALTH
į	District ofBUREAU OF VITAL STATISTICS State Index No
	Town ofORIGINAL CERTIFICATE OF BIRTH County Registrar No.
	or Q Q Q .
	City of
	2. Full name of child to the supplemental report, as directed.
	3. Sex of Child To be answered ONLY 14. Twin, triplet or other 6. Legitimate? 7. Bate 3-15-1938
	in event of plural births. Solution Sol
- 1	5. Full name John Joseph Carroll Full maiden name Hally Boroon
	9. Residence (Usual place of abode) Hohe, aigma
	If nonresident, give place and state
	10. Color or race 11. Age at last birthday 35 (Years) 12. Age at last birthday (Years)
	12. Birthplace (city or place) Is. Birthplace (city or place) Salt Lake Ct
ĺ	(State or country) (State or country)
	13. Occupation 19. Occupation Housewife
	Nature of industry
!	20. Number of children of this mother (a) Born alive and now living 21. Were precautions taken against ophthalmia neonatorum?
. :	(Taken as of time of birth of child herein (b) Born alive but now dead
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*, I hereby certify that I attended the birth of this child, who was the control of this child, who was the control of this child, who was the control of the control of this child, who was the control of the control
	I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.)
	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other Signature (Physician or midwife)
	levidences of life after birth. Given name added from 1 supplemental report Month, day, year. Address Filed # / 4 1926 S. E. Co. Local Registrar.
	Registrar. Filed 19 County Registrar.
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